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Patitioner's Docket No. **MPI00-212CP1CN1M**

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:	Anthony J. Coyle, et al.		
Application No.:	10/644,671	Group No.:	1644
Filed:	August 20, 2003	Examiner:	OUSPENSKI, ILIA I.
For:	SCREENING METHODS USING B7-H2 MOLECULES, MEMBERS OF THE B7 FAMILY (as amended)		

**Mail Stop Amendment**

**Confirmation No. 6437**

**Commissioner for Patents**

**P.O. Box 1450**

**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith for this application is/are:
  - a. This Transmittal (3 pages – in duplicate);
  - b. Amendment and Response (13 pages);
  - c. Copy of Statement of Biological Culture Deposit (2 pages);
  - d. Copy of ATCC Receipt Form (1 page);
  - e. Copy of ATCC Deposit Forms (4 pages);
  - f. Exhibit A (1 page);
  - g. Copy of Information Disclosure Statement as filed on August 20, 2003 (2 pages);
  - h. Copy of Form PTO/SB/08A and Form PTO/SB/08B as filed on August 20, 2003 (3 pages);
  - i. Copy of References cited in Information Disclosure Statement (Citation Nos. B1-B12, C1, C3-C4, C6-C12, and C14);
  - j. Power of Attorney and Correspondence Address Indication Form (1 page);
  - k. Statement under 37 CFR 3.73(b) (1 page);
  - l. Copy of Notice of Recordation, Recordation Form Cover Sheet, and executed Assignment (15 pages); and
  - m. Return postcard

**STATUS**

2. Applicant is other than a small entity.

**CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10\***

I hereby certify that, on the date shown below, this correspondence is being:

**MAILING**

- ☒ deposited with the United States Postal Service in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

**37 C.F.R. SECTION 1.8(a)**

**37 C.F.R. SECTION 1.10\***

- ☒ with sufficient postage as first class mail. ☐ as "Express Mail Post Office to Addressee" Mailing Label No. \_\_\_\_\_

**TRANSMISSION**

- ☐ transmitted by facsimile to the Patent and Trademark Office (571-273-8300).

**Signature**

**Sean Hunziker/Beverly Sotiropoulos**

(type or print name of person certifying)

Date: December 14, 2006

**\*WARNING:** Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. section 1.10(b). "Since the filing of correspondence under section 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

(Page 1 of 3)

**PETITION FOR EXTENSION OF TIME**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(3)) for a three month extension:

Fee: \$1,020.00

Extension fee due with this request \$1,020.00

If an additional extension of time is required, please consider this a petition therefor.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)		(Col. 3)	OTHER THAN A SMALL ENTITY		
	Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate		Addit. Fee
Total	10	Minus	23	=	0	\$50.00	=	\$0.00
Indep.	1	Minus	2	=	0	\$200.00	=	\$0.00
Multiple Dependent Claims	no		no			\$360.00	=	\$0.00
						Total Addit. Fee		\$0.00

Total additional fee for claims required \$0.00

**FEE PAYMENT**

5. Charge Account No. 501668 the sum of \$1,020.00 (which includes the \$1,020.00 extension fee). A duplicate of this transmittal is attached.

Practitioner's Docket No. MPI00-212CP1CN1M

**FEE DEFICIENCY**

6. If any additional extension and/or fee is required, charge Account No. 501668.  
If any additional fee for claims is required, charge Account No. 501668.

7. Correspondence Address

Direct all future correspondence to:

Customer Number 30405

OR

Intellectual Property Department  
MILLENNIUM PHARMACEUTICALS, INC.  
40 Landsdowne Street  
Cambridge, MA 02139

December 14, 2006

MILLENNIUM PHARMACEUTICALS, INC.

By 

Jonathan K. Hamm, Ph.D.

Registration No. 59,608

40 Landsdowne Street

Cambridge, MA 02139

Telephone – (617) 679-7166

Facsimile – (617) 551-8820



Practitioner's Docket No. MPI00-212M

**COPY**  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Colye, Anthony, et al.  
Application No.: 09/620,461 Group No.: 1644  
Filed: July 20, 2000 Examiner: Roark J.  
For: B7-H2 MOLECULES, MEMBERS OF THE B7 FAMILY AND USES  
THEREOF

Commissioner for Patents  
Washington, D.C. 20231

STATEMENT OF BIOLOGICAL CULTURE DEPOSIT

I, Kerri Pollard Schray hereby state:  
Name of Applicant or Assignee's representative

1. That the following culture(s) referred to in the specification of this application have been deposited:

<u>pfrhob165c3L</u>	<u>PTA-2084</u>
<u>pfrhob35911S</u>	<u>PTA-2085</u>
Strain	Accession number

2. That the date of the above deposit is before the U.S. filing date of this application.

3. That the name and address of the depository is:

American Type Culture Collection (ATCC)  
Name of depository  
10801 University Blvd Manassas, VA 20110  
Address of depository

4. That a statement that the cultures deposited with the above named depository was (were) viable and were capable of reproduction, if appropriate, on the date of deposit is attached. Such statement is executed by the depository.

CERTIFICATION UNDER 37 C.F.R. SECTIONS 1.8(a) and 1.10\*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

☒ deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.  
37 C.F.R. SECTION 1.8(a)

37 C.F.R. SECTION 1.10\*

☒ with sufficient postage as first class mail.

☐ as "Express Mail Post Office to Address" Mailing Label No.

TRANSMISSION

☐ transmitted by facsimile to the Patent and Trademark Office.

Signature

Diana Gentile

(type or print name of person certifying)

Date: 23 September 2002 (Monday)

\*WARNING: Each paper or fee filed by "Express Mail" must have the number of the "Express Mail" mailing label placed thereon prior to mailing. 37 C.F.R. section 1.10(b). "Since the filing of correspondence under section 1.10 without the Express Mail mailing label thereon is an oversight that can be avoided by the exercise of reasonable care, requests for waiver of this requirement will not be granted on petition." Notice of Oct. 24, 1996, 60 Fed. Reg. 56,439, at 56,442.

5. That, with respect to the permanence of the culture(s) deposit:

- a. the depository is an official depository, in accordance with the Budapest Treaty for the above deposited cultures;
- b. the depository affords permanence of the deposit for at least 30 years or at least 5 years after the most recent storage request, whichever is longest; and
- c. evidence that permanent availability of the microorganism is assured is provided in the form of the attached copy of the contract with the above-mentioned depository with respect to the deposited cultures.

I affirm that should the microorganisms mutate, become nonviable or be inadvertently destroyed, applicants will replace such microorganisms for at least 30 years from the date of the original deposit, or at least 5 years from the date of the most recent request for release of a sample or for the life of any patent issued on the above-mentioned application, whichever period is longer.

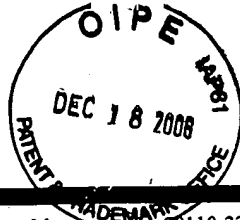
6. That, with respect to availability of the cultures, I affirm that the deposit has been made under conditions of assurance of :

- a. ready accessibility thereto by the public if a patent is granted whereby all restrictions to the availability to the public of the culture so deposited will be irrevocably removed upon the granting of the patent (M.P.E.P. 608.01 (p)), and
- b. access to the culture will be available during pendency of the patent application to one determined by the Commissioner to be entitled thereto under 37 C.F.R. section 1.14 and 35 U.S.C. section 122; and
- c. evidence of the accessibility of the culture(s) as set forth above is provided in the form of the attached copy of the contract with the above mentioned depository with respect to the deposited cultures.

<u>23 September 2002 (Monday)</u>	<p>MILLENNIUM PHARMACEUTICALS, INC.</p> <p>By <u>K. Pollard Schray</u></p> <p>Kerri Pollard Schray Registration No. 47,066 75 Sidney Street Cambridge, MA 02139 Telephone - 617-551-3676 Facsimile - 617-551-8820</p>
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☒ Person authorized to sign on behalf of assignee

# ATCC



MPI 2000-212

**COPY**

10801 University Blvd • Manassas, VA 20110-2209 • Telephone: 703-365-2700 • FAX: 703-365-2745

**BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF  
THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE**

**INTERNATIONAL FORM**

**RECEIPT IN THE CASE OF AN ORIGINAL DEPOSIT ISSUED PURSUANT TO RULE 7.3  
AND VIABILITY STATEMENT ISSUED PURSUANT TO RULE 10.2**

**To: (Name and Address of Depositor or Attorney)**

Millennium Pharmaceuticals, Inc.  
Attn: Stephen Manning  
75 Sidney Street  
Cambridge, MA 02139

**Deposited on Behalf of:** Millennium Pharmaceuticals, Inc.

**Identification Reference by Depositor:**

**Patent Deposit Designation**

Plasmid: pfrhob165c3L

PTA-2084

Plasmid: pfrhob35911S

PTA-2085

The deposits were accompanied by:    a scientific description    a proposed taxonomic description indicated above.  
The deposits were received June 14, 2000 by this International Depository Authority and have been accepted.

**AT YOUR REQUEST:** ☒ We will inform you of requests for the strains for 30 years.

The strains will be made available if a patent office signatory to the Budapest Treaty certifies one's right to receive, or if a U.S. Patent is issued citing the strains, and ATCC is instructed by the United States Patent & Trademark Office or the depositor to release said strains.

If the cultures should die or be destroyed during the effective term of the deposit, it shall be your responsibility to replace them with living cultures of the same.

The strains will be maintained for a period of at least 30 years from date of deposit, or five years after the most recent request for a sample, whichever is longer. The United States and many other countries are signatory to the Budapest Treaty.

The viability of the cultures cited above was tested June 28, 2000. On that date, the cultures were viable.

**International Depository Authority:** American Type Culture Collection, Manassas, VA 20110-2209 USA.

**Signature of person having authority to represent ATCC:**

  
Barbara E. Coupé, Administrator, Patent Depository

**Date:** June 30, 2000

cc: Jean M. Silveri, Esq.



## Budapest Treaty Deposits

### American Type Culture Collection

10801 University Blvd., Manassas, VA 20110-2209

Phone (703) 365-2700; fax (703) 365-2745; e-mail applied-sci@atcc.org

# ATCC

TO DEPOSIT OR TO CONVERT A DEPOSIT TO MEET THE REQUIREMENTS OF THE BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE

#### ALL QUESTIONS MUST BE COMPLETED IN ENGLISH. PLEASE USE ONE FORM FOR EACH STRAIN DEPOSITED.

1. Name of deposit. If **microorganism**, give complete scientific name including genus and species and source of material; If **virus**, give name, whether plant or animal, and source including geographic location; If **cell line**, give tissue and species, geographical source of isolation, and any known hazards associated (HIV, EBV, etc.); If **genetic materials**, give name of organism from which vector, clone or library is derived, source of the DNA insert identified by species (e.g. human, mouse) or scientific name, and give name of gene and identity of the host organism; If **consortia or mixed culture**, each component of the mixture must be identified; If **seeds, embryos, insect eggs, etc.**, give common name, scientific name, and geographical source.

pfrhob165c3L

2. Strain designation (i.e., number, symbols, etc.) pfrhob165c3L  
The strain designation must correspond with the vial labels.
3. Is this an original deposit under the Budapest Treaty? YES
4. Is this a request for a conversion of a deposit already at ATCC to meet the requirements of the Budapest Treaty? If so please indicate ATCC designation. NO

5. Is this deposit a mixture of microorganisms or cells? NO
6. Provide details necessary to cultivate, test for viability, and store deposit. If mixture, provide description of components and a method to check presence. If plasmid, provide name of host and antibiotic resistance.

pfrhob165c3L is a plasmid with resistance to Amp

7. Provide sufficient description so that ATCC may confirm deposit properties (e.g., Gram negative rod).

pfrhob165c3L can be transformed into E. coli and grown up in Amp

a. If deposit is a cell culture, is it being cultured in the presence of antibiotics? If so, please list the antibiotics.

b. If deposit is hybridoma, what is the isotype of antibody produced?

8. Is this strain hazardous to humans? NO Animals? NO Plants? NO. If yes, what is the recommended biosafety level for working with this strain? \_\_\_\_\_. (Refer to Biosafety in Microbiological and Biomedical Laboratories, 4th ed. U.S. Dept. of Health and Human Services at [www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm](http://www.cdc.gov/od/ohs/biosfty/bmbl4/bmbl4toc.htm)).

9. Availability: Prior to the issuance of a U.S. Patent, ATCC will only make a culture available as instructed by the depositor or relevant patent office. Samples must be provided to a specific investigator if a pertinent patent office under the Budapest Treaty instructs ATCC to do so. The following questions must be answered:

a) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to anyone who requests a culture? If yes there are no restrictions on distribution. Answering no will ensure the deposit is not available until the patent has issued. Yes \_\_\_\_ No X

b) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to requestors which request patent offices in countries not signatory to the Budapest Treaty? Yes \_\_\_\_ No X  
If yes state which countries. \_\_\_\_\_

Please note that if you are converting your deposit to meet the requirements of the Budapest Treaty and your deposit has already been released for distribution due to the issuance of a U.S. patent, you cannot restrict it from further distribution.

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After a U.S. patent issues and we are so notified, ATCC makes the culture available to anyone who requests it, as allowed under USPTO Rules and Regulations (37 CFR 1.808 [a](2)).

10. ATCC will notify you of your ATCC number after confirmation of viability testing is complete.

Name of individual to notify: Jean M. Silveri, Esq.

Fax: (617) 374-0074

Phone: (617) 679-7336

E-mail: silveri@mpi.com

11. Payment by check, or credit card (Mastercard, VISA or American Express), must accompany the deposit unless prior arrangements for billing have been made and approved. ATCC accepts Purchase Orders in the correct amount:

Purchase Order No. P.O. # MA1350S0

Check No. \_\_\_\_\_

Credit Card number. Please indicate MasterCard, VISA, or AE. \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name shown on card: \_\_\_\_\_

(Please type or print clearly.)

\_\_\_\_\_  
Signature of card holder

PAYMENT: ATCC MUST HAVE A BILLING ADDRESS, CONTACT PERSON, PHONE AND FAX NUMBER FOR ALL DEPOSITS:

\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

12. Name, address, telephone and facsimile number of your attorney of record. Jean M. Silveri, Esq.,

Millennium Pharmaceuticals, Inc., 75 Sidney Street, Cambridge, MA 02139

Tel: (617)679-7336, Fax: (617)374-0074 (Ref: Docket or Case No. \_\_\_\_\_)

13. **MUST BE COMPLETED.** Deposited on behalf of: (Verify with your management who owns the deposit. The owner is usually a company or institute and not an individual.) Millennium Pharmaceuticals, Inc.

I understand and agree that the deposit may not be withdrawn by me for a period specified in Rule 9.1 of the Budapest Treaty (at least 30 years after the date of deposit or 5 years after the date of the most recent request for the deposit, whichever is longer), and that if a culture should die or be destroyed during the life of the patent or the period of time so specified, it is my responsibility to replace it with a living culture of the same organism or cell. In the cases of viruses, cell cultures, plasmids, embryos, and seeds, it is my responsibility to supply a sufficient quantity for distribution for the period of time specified above.

Stephen Manning  
Typed Name

[Signature]  
Signature

6/13/00  
Date

Address: 75 Sidney St. Cambridge, MA 02139

Phone: 617-551-8851 Fax: 617-551-8910 E-mail: Manning@mpi.com

ADDRESS SHIPMENTS AND FORM TO THE ATTENTION OF:

Patent Depository  
American Type Culture Collection  
10801 University Blvd.  
Manassas, VA 20110-2209 U.S.A.

STORAGE: Cultures are stored for 30 years from date of deposit or 5 years after the last request for a sample, whichever is longer, as required under the rules of patent offices in most countries.

FEES: For current fees, check our Web site at [www.atcc.org](http://www.atcc.org), request a fee sheet by e-mail to [applied-sci@atcc.org](mailto:applied-sci@atcc.org), or call (703) 365-2700 ext. 320. All fees are subject to change.

ATCC USE ONLY: ATCC DESIGNATION \_\_\_\_\_ REC'D \_\_\_\_\_ V.T. RESULT \_\_\_\_\_

Name of Deposit \_\_\_\_\_ Strain Designation: \_\_\_\_\_



## Budapest Treaty Deposits

### American Type Culture Collection

10801 University Blvd., Manassas, VA 20110-2209

Phone (703) 365-2700; fax (703) 365-2745; e-mail [applied-sci@atcc.org](mailto:applied-sci@atcc.org)

# ATCC™

TO DEPOSIT OR TO CONVERT A DEPOSIT TO MEET THE REQUIREMENTS OF THE BUDAPEST TREATY ON THE INTERNATIONAL RECOGNITION OF THE DEPOSIT OF MICROORGANISMS FOR THE PURPOSES OF PATENT PROCEDURE

#### ALL QUESTIONS MUST BE COMPLETED IN ENGLISH. PLEASE USE ONE FORM FOR EACH STRAIN DEPOSITED.

1. Name of deposit. If **microorganism**, give complete scientific name including genus and species and source of material; If **virus**, give name, whether plant or animal, and source including geographic location; If **cell line**, give tissue and species, geographical source of isolation, and any known hazards associated (HIV, EBV, etc.); If **genetic materials**, give name of organism from which vector, clone or library is derived, source of the DNA insert identified by species (e.g. human, mouse) or scientific name, and give name of gene and identity of the host organism; If **consortia or mixed culture**, each component of the mixture must be identified; If **seeds, embryos, insect eggs, etc.**, give common name, scientific name, and geographical source.

pfchob359611 S

2. Strain designation (i.e., number, symbols, etc.) pfchob359611 S  
The strain designation must correspond with the vial labels.

3. Is this an original deposit under the Budapest Treaty? YES

4. Is this a request for a conversion of a deposit already at ATCC to meet the requirements of the Budapest Treaty? If so please indicate ATCC designation. NO

5. Is this deposit a mixture of microorganisms or cells? NO

6. Provide details necessary to cultivate, test for viability, and store deposit. If mixture, provide description of components and a method to check presence. If plasmid, provide name of host and antibiotic resistance.

pfchob359611 S is a plasmid with resistance to Amp.

7. Provide sufficient description so that ATCC may confirm deposit properties (e.g., Gram negative rod).

pfchob359611 S can be transformed into E. coli and grows up on Amp.

- a. If deposit is a cell culture, is it being cultured in the presence of antibiotics? If so, please list the antibiotics.

- b. If deposit is hybridoma, what is the isotype of antibody produced?

8. Is this strain hazardous to humans? NO Animals? NO Plants? NO. If yes, what is the recommended biosafety level for working with this strain? \_\_\_\_\_. (Refer to Biosafety in Microbiological and Biomedical Laboratories, 4th ed. U.S. Dept. of Health and Human Services at [www.cdc.gov/od/ohs/biosfty/bmb14/bmb14toc.htm](http://www.cdc.gov/od/ohs/biosfty/bmb14/bmb14toc.htm)).

9. Availability: Prior to the issuance of a U.S. Patent, ATCC will only make a culture available as instructed by the depositor or relevant patent office. Samples must be provided to a specific investigator if a pertinent patent office under the Budapest Treaty instructs ATCC to do so. The following questions must be answered:

- a) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to anyone who requests a culture? If yes there are no restrictions on distribution. Answering no will ensure the deposit is not available until the patent has issued. Yes \_\_\_\_ No X

- b) As of date of deposit or conversion to meet the requirements of the Budapest Treaty, do you wish the deposit to be made available to requestors which satisfy patent offices in countries not signatory to the Budapest Treaty? Yes \_\_\_\_ No X  
If yes state which countries. \_\_\_\_\_

Please note that if you are converting your deposit to meet the requirements of the Budapest Treaty and your deposit has already been released for distribution due to the issuance of a U.S. patent, you cannot restrict it from further distribution.

After a U.S. patent issues and we are so notified, ATCC makes the culture available to anyone who requests it, as allowed under USPTO Rules and Regulations (37 CFR 1.808 [a][2]).

10. ATCC will notify you of your ATCC number after confirmation of viability testing is complete.

Name of individual to notify: Jean M. Silveri, Esq.

Fax: (617) 374-0074

Phone: (617) 679-7336

E-mail: silveri@mpi.com

11. Payment by check, or credit card (Mastercard, VISA or American Express), must accompany the deposit unless prior arrangements for billing have been made and approved. ATCC accepts Purchase Orders in the correct amount:

Purchase Order No. P.O. # MA1350SO

Check No. \_\_\_\_\_

Credit Card number. Please indicate MasterCard, VISA, or AE. \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name shown on card: \_\_\_\_\_

(Please type or print clearly.)

Signature of card holder \_\_\_\_\_

PAYMENT: ATCC MUST HAVE A BILLING ADDRESS, CONTACT PERSON, PHONE AND FAX NUMBER FOR ALL DEPOSITS:

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

12. Name, address, telephone and facsimile number of your attorney of record. Jean M. Silveri, Esq.,

Millennium Pharmaceuticals, Inc., 75 Sidney Street, Cambridge, MA 02139

Tel: (617) 679-7336, Fax: (617) 374-0074 (Ref: Docket or Case No. \_\_\_\_\_)

13. **MUST BE COMPLETED.** Deposited on behalf of: (Verify with your management who owns the deposit. The owner is usually a company or institute and not an individual.) Millennium Pharmaceuticals, Inc.

I understand and agree that the deposit may not be withdrawn by me for a period specified in Rule 9.1 of the Budapest Treaty (at least 30 years after the date of deposit or 5 years after the date of the most recent request for the deposit, whichever is longer), and that if a culture should die or be destroyed during the life of the patent or the period of time so specified, it is my responsibility to replace it with a living culture of the same organism or cell. In the cases of viruses, cell cultures, plasmids, embryos, and seeds, it is my responsibility to supply a sufficient quantity for distribution for the period of time specified above.

Stephen Manning  
Typed Name

Stephen Manning  
Signature

6/13/00  
Date

Address: 75 Sidney St., Cambridge MA 02139

Phone: 617-551-8831

Fax: 617-551-8900

E-mail: Manning@mpi.com

ADDRESS SHIPMENTS AND FORM TO THE ATTENTION OF:

Patent Depository  
American Type Culture Collection  
10801 University Blvd.  
Manassas, VA 20110-2209 U.S.A.

STORAGE: Cultures are stored for 30 years from date of deposit or 5 years after the last request for a sample, whichever is longer, as required under the rules of patent offices in most countries.

FEES: For current fees, check our Web site at [www.atcc.org](http://www.atcc.org), request a fee sheet by e-mail to [applied-sci@atcc.org](mailto:applied-sci@atcc.org), or call (703) 365-2700 ext. 320. All fees are subject to change.

ATCC USE ONLY: ATCC DESIGNATION \_\_\_\_\_

REC'D \_\_\_\_\_

V.T. RESULT \_\_\_\_\_

Name of Deposit \_\_\_\_\_

Strain Designation: \_\_\_\_\_